en en en el ser este se un el este section de l'about de la figure de la companyation de	and the state of t	alizarden in elektrone en en en en zoen zoen izelen elitzi iz zizite. En	one for en Suite a confection of the entitle constraint. An entry on the energy was a supple a superior was	
PLACE OF BIRTH	ARIZ	ONA STATE RO	ARD OF HEALTH	Y
1. County of	MIXIZ	OM SINIE BO	ARD OF HEALTH	
District of	BUREAU OF VITA	AL STATISTICS	State Index No.	*******
Town of JUCame	ORIGINAL CERTIFIC	CATE OF BIRTH	County Registrar No.	
or City of	Mian	mi hal a	Local Registrar No. O	<u> </u>
1 0 ~	7 (If birth occur	red in a hospital orinstituti	on, give its NAME instead of street and num	
2. Full name of child a Ch	hurlow (almer	If child is not yet named, n supplemental report, as direct	nake cted.
3. Sex of Child To be answered ONLY in event of plural births.	4. Twin, triplet or other 5. No., in order of birth		7. Date Oct. 7, 19 Month Day Year	= 26.
8. FATHER	_	14.	MOTHER	
Full name Thurlow (almer	Full maiden name	Pary Desca Wal	ber!
9. Residence (Usual place of abode)	em.	15 Residence (Usual place of abode)	1 Miami,	
If non-resident, give place and state.	arizona.	If non-resident, give	place and state.	ua i
10. Color or race	0 -	16 Color or race	0	
i Cauc. 11. Age at last	birthday. 22_(Years)	Cane.	17. Age at last birthday 2.0 (Ye	ara)
12. Birthplace (city or place) Brot	Colyn	10 10-11	. Amina	
(State or country)	m. 4.	18. Birthplace (city or t	Calif.	
13. Occupation Marchin	ist [19. Occupation	<i>[</i>	
Nature of industry		Nature of Industry	1)	
20. Number of children of this mother	1		Housewife	
(Taken as of time of birth of child herein	(a) Born alive and now livin (b) Born alive but now dead (c) Stillborn	thai	o precautions taken against oph- mia neonatorum?	
CERT I hereby certify that I attended the birth of	TIFICATE OF ATTENDING	horn	at. 25	ated
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor	Signature Outil	orn alive or estitorn.)	M. 10 (Physician or midwife).	
shows other evidence of life after birth.	Address / //	1 14	X @ 9 .	
Given name added from a supplemental report	Filed (19/2	Local Registra	
	Filed	19	LAXIII Kegistra	
Registra			County Registra	r.
• .	179-1007	-469		

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